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Washington, D.C. 20231

	APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO /TITLE
	09/459,305	12/10/99 F	URUHATA	T 0015.001
		NES NES & VICTOR LL BEVERLY DRIVE	0262/0125 P	NOT ASSIGNED
	SUITE 501			2811
	LOS ANGELE	2 CA 30032	DATE MAILI	ED: 01/25/0
			NG PARTS OF APPLICATION Date Granted	
□ sm	required items on this formall entity (statement filed) The statutory basic filing formal missing. insufficient.	⊠ non-small entity is \$_ ee is:		
-	Applicant must submit \$ claiming such status (37 C) The following additional claims.	FR 1.27).	mplete the basic filing fee and/or fil	e a small entity statement
	\$for	total claims		
		independent ultiple dependent claim surc		
≱ з.	Applicant must either sub The oath or declaration: is missing or unsigned does not cover the new An oath or declaration in o	omit the additional claim fee wly submitted items.	s or cancel additional claims for whe	
□ 4.	4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.			
□ 5 .	• •	•	ng from the oath or declaration:	
	inventor(s), identifying this A \$50.00 processing fee i	application by the above A s required since your che	63 listing the names of all inventors application Number and Filing Date, eck was returned without payment eck was returned without payment	is required. nt (37 CFR 1.21(m)).

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice <u>MUST</u> be returned with the reply.

previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1:17(k), unless

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☐ 8. The application was filed in a language other than English.

Initial Patent Examination Division (703) 308-1202

□ 9. OTHER:_

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□ **5**.